



Iowa Plumbing & Mechanical Systems Board

Application for Continuing Education Electronic Learning Course Approval

This application must be submitted to: Iowa Department of Public Health
Plumbing & Mechanical Systems Board
321 E 12th Street
Des Moines, IA 50319

Course Name: _____

Please Note: Only 1 course may be submitted per application form.

Type of Electronic Training:

☐ CD-ROM/ DVD Training

☐ On-line Internet Training

☐ Video Based Training

☐ Other – _____

Course Contents:

Mark all categories course content will cover and actual classroom hours.

☐ Safety – _____ Hours (Ex: Iowa Occupational Safety & Health Act, First Aid, CPR, AED Training cards)

☐ State of Iowa plumbing code update – _____ Hours

☐ State of Iowa mechanical code update – _____ Hours

☐ Discipline

☐ Plumbing – _____ Hours

☐ HVAC – _____ Hours

☐ Refrigeration – _____ Hours

☐ Hydronics – _____ Hours

Cost: \$ _____

Is the course open to the public? ☐ Yes ☐ No

Would you like the course information posted on the Iowa Department of Public Health website?

☐ Yes ☐ No

Person Authorized to Monitor & Verify Attendance/Course Completion (Required)		
The authorized person listed below is required to submit a course completion roster to the Iowa Plumbing and Mechanical Systems Board within 30 days from the date of completion of a course. If any course changes occur, it is the authorized person's responsibility to inform the Board.		
Last Name:		First Name:
Title:		
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Daytime Phone:		Email:
Signature:		Date Signed:

Course Information (If applicable)		
Name of Organization/Institution/Developer of course:		
Contact Person:		
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Phone:		Email:

Sponsoring Institution/Business for Course (If applicable)		
Sponsor Institution/Business Name:		
Sponsor Contact Person Last Name:		First Name:
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Phone:		Email:

Instructor information (If applicable)		
Instructor Name:		
PMSB Instructor ID #:		
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Phone:		Email:

The completed application must be submitted to:

Iowa Department of Public Health
 Plumbing & Mechanical Systems Board
 Attn: CEU Clerk
 321 E 12th Street
 Des Moines, IA 50319
 Fax: 515-281-6114
 Email: pmsb@idph.iowa.gov

Additional Required Information (attach to this application)

1. Course Outline: attach course outline or give a general description of the course content
2. Brief Summary of the Training Product
3. Qualifications and Resumes of Training Designers
4. Copy of CD-ROM/ DVD/ Visual Aids/ or materials – include test and references that will be used in course.
5. Schedule of Courses – include scheduled location, dates and times course is available.
6. Course Contact Information – provide contact information that may be distributed by the Plumbing and Mechanical Systems Board to licensees interested in taking this course.
7. Certificate of Completion: attach a copy of the proposed certificate
8. List of any other States that have approved this Course
9. Cost of Electronic Training Course

List a minimum of three people of varying backgrounds along with a summary of their credentials, who have reviewed the product. (Attach extra sheets if needed):

1. Name: _____
Credentials: _____

2. Name: _____
Credentials: _____

3. Name: _____
Credentials: _____

How long did it take each person listed above to complete the course?

1. _____
2. _____
3. _____

On average how long does it take a person to complete the course?

How is individual course registration tracked? _____

What security procedures are used to verify course attendance? _____

How are contact hours tracked? _____

Who will track and report the Continuing Education Credit hours? _____

How will this reporting be done? _____

Is there a person registered who will proctor the student taking the course?

Testing Procedures

a) What are the testing procedures? _____

b) Are there any time limits? _____

c) Are there any retake limits? _____

d) Is the course proctored? _____

e) Where is the test taken? _____

f) Can quizzes be taken before training is complete? _____

For Office Use Only

☐ Approved

☐ Denied

Reviewed By:

Date Reviewed:

Course Number:

Processed by:

Date:

Notes: